

08/23/2007 12:03 7573958785

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Sentara Healthcare - Confidential Information

PATIENT: GEORGE F DELANEY

DOB: 1960

SSN:

ID(s): PTMRN: 229233071

medications.

Due to tolerance of diet, the patient was felt safe to return for colonoscopy as an outpatient and further followup with Dr. Janson at that time. The patient is to be discharged to the custody of the sheriff. He is to follow up with Dr. Janson in 7 to 10 days. He is to follow up with Dr. Hoffman, who he reports is his surgeon at Sentara Leigh Hospital, as needed with the results of the colonoscopy.

DICTATED BY: Carrie McGroarty, PA-C

SIGNED: Juan R Gelpi, MD*

JRG:Spheris23772

D: 04/13/07 14:02 T: 04/14/07 04:27 DOCUMENT: 200704131341263600

CC: Carrie McGroarty, PAC

Signed by Juan R Gelpi 04/18/2007 12:24 PM

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Sentara Healthcare - Confidential Information

PATIENT: GEORGE F DELANEY

DOB: /1960

SSN:

ID(s): PTMRN: 229139071

| | | | |
|---------------|-------------------|-------------|--------------------------------|
| PATIENT NAME: | DELANEY, GEORGE F | ADMIT DATE: | 04/05/2007 11:30 PM |
| AGE: | 47y | FACILITY: | Sentara Virginia Beach General |
| GENDER: | M | LOCATION: | UNIT: DISCH |
| MRN: | | ATTENDING: | Gelpi, Juan R |

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|--------------------|------------------------|-------------------|------------------------|
| DOCUMENT TYPE: | Radiology-Diagnostic | DICTATED BY: | Kalantar, Seyed Mohsen |
| SOURCE SYSTEM: | CERNER_MILL | DATE DICTATED: | 04/11/2007 11:16 AM |
| FACILITY: | Sentara Virginia Beach | DATE TRANSCRIBED: | 04/11/2007 11:16 AM |
| ACCOUNT NUMBER: | 4159657095 | SIGNED BY: | |
| EXTERN DOC NUMBER: | 90445471 | STATUS: | Final |

DOCUMENT NUMBER: FL-07-011076
ORDERED BY: Shahwali S Arezo
EXAM COMPLETED: 04/11/07 11:09

PROCEDURE: Small Bowel Series

REASON FOR EXAM: bowel obstruction

DIAGNOSTIC INTERPRETATION:

SMALL BOWEL SERIES:

Indication: Status-post total colectomy. Small bowel obstruction.
The loops of jejunum and proximal ileum are not dilated and show no evidence of mucosal thickening, filling defect or constricting lesion. There is a markedly distended gas-filled segment of the mid ileum located proximal to an area of stricture in the distal ileum, few centimeters proximal to the Hartmann's pouch.
This area of stricture does not appear to correspond with the site of anastomosis however is in correlation with CT findings. There is no total obstruction and the head of barium reached the Hartmann's pouch.

IMPRESSION:

As above.

Dictated by: Kalantar, M.D., Mohsen S
P.C.
Transcribed on: 11-APR-2007 11:07
Finalized on: 11-APR-2007 11:16
Finalized by: Mohsen S. Kalantar, M.D.
P.C.

Hampton Roads Radiology Associates,

Hampton Roads Radiology Associates,

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DOB: /1960

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| AGE: | 47y | FACILITY: | Sentara Virginia Beach Gener. |
| GENDER: | M | LOCATION: | UNIT:DISCH |
| MRN: | | ATTENDING: | Gelpi, Juan R |

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|--------------------|------------------------|-------------------|---------------------|
| DOCUMENT TYPE: | Radiology-Diagnostic | DICTATED BY: | HALISTA, KEVIN D |
| SOURCE SYSTEM: | CERNER_MILL | DATE DICTATED: | 04/09/2007 09:06 AM |
| FACILITY: | Sentara Virginia Beach | DATE TRANSCRIBED: | 04/09/2007 09:06 AM |
| ACCOUNT NUMBER: | 4159657095 | SIGNED BY: | |
| EXTERN DOC NUMBER: | 90266969 | STATUS: | Final |

DOCUMENT NUMBER: DX-07-115284
ORDERED BY: Jan A Janson
EXAM COMPLETED: 04/09/07 08:10

PROCEDURE: Abdomen Flat/Upright

REASON FOR EXAM: --F/U SBO

DIAGNOSTIC INTERPRETATION:

Indication: As above

Comparison: Prior study of 8 April 2007

Findings:

Supine and upright abdomen: There is air present within a loop of bowel in the mid abdomen. This bowel loop is somewhat contourless but probably represents large bowel. Postoperative changes are again present in the pelvis. The appearance of the abdomen is relatively stable. No soft tissue masses are identified. No organomegaly is present. There are no worrisome calcifications anywhere in the abdomen or pelvis. There is no free air seen on the upright view. There is an NG tube again present with its tip in the stomach.

IMPRESSION:

Nonspecific abnormal appearing bowel loops which appear relatively stable

Dictated by: Halista, M.D., Kevin D
F.C.

Hampton Roads Radiology Associates,

Transcribed on: 09-APR-2007 09:02

Finalized on: 09-APR-2007 09:06

Finalized by: Kevin D. Halista, M.D.
P.C.

Hampton Roads Radiology Associates,

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| AGE: | 47y | FACILITY: | Sentara Virginia Beach Gener. |
| GENDER: | M | LOCATION: | UNIT: DISCH |
| MRN: | | ATTENDING: | Gelpi, Juan R |

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|--------------------|------------------------|-------------------|---------------------|
| DOCUMENT TYPE: | Radiology-Diagnostic | DICTATED BY: | White, Jonathan C |
| SOURCE SYSTEM: | CERNER MILL | DATE DICTATED: | 04/08/2007 11:48 AM |
| FACILITY: | Sentara Virginia Beach | DATE TRANSCRIBED: | 04/08/2007 11:48 AM |
| ACCOUNT NUMBER: | 4159657095 | SIGNED BY: | |
| EXTERN DOC NUMBER: | 90263726 | STATUS: | Final |

DOCUMENT NUMBER: DX-07-115225
ORDERED BY: Juan R Gelpi
EXAM COMPLETED: 04/08/07 10:31

PROCEDURE: Abdomen Flat/Upright

REASON FOR EXAM: --F/U SBO

DIAGNOSTIC INTERPRETATION:

Indication: Follow-up small bowel obstruction.

Comparison: 04/07/07.

Findings: Erect and supine views of the abdomen and pelvis are provided. A nasogastric tube projects within the stomach. There is persistent gaseous dilatation of the proximal small bowel with scattered air-fluid levels. The degree of small bowel dilatation may be slightly less than on the prior study. There is a paucity of distal large bowel gas. Surgical anastomotic staple lines are noted in the pelvis.

IMPRESSION:

Persistent small bowel obstruction.

Dictated by: White, M.D., Jonathan C
P.C.

Hampton Roads Radiology Associates,

Transcribed on: 08-APR-2007 11:46

Finalized on: 08-APR-2007 11:48

Finalized by: Jonathan C. White, M.D.
P.C.

Hampton Roads Radiology Associates,

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PATIENT: GEORGE F DELANEY

DOB: /1960

SSN: 1

ID(s): PTMRN: 229139071

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|---------------|-------------------|-------------|--------------------------------|
| PATIENT NAME: | DELANEY, GEORGE F | ADMIT DATE: | 04/05/2007 11:30 PM |
| AGE: | 47y | FACILITY: | Sentara Virginia Beach General |
| GENDER: | M | LOCATION: | UNIT: DISCH |
| MRN: | | ATTENDING: | Gelpi, Juan R |

| | | | |
|--------------------|------------------------|-------------------|---------------------|
| DOCUMENT TYPE: | Radiology-Diagnostic | DICTATED BY: | HALISTA, KEVIN D |
| SOURCE SYSTEM: | CERNER_MILL | DATE DICTATED: | 04/07/2007 04:14 PM |
| FACILITY: | Sentara Virginia Beach | DATE TRANSCRIBED: | 04/07/2007 04:14 PM |
| ACCOUNT NUMBER: | 4159657095 | SIGNED BY: | |
| EXTERN DOC NUMBER: | 90228567 | STATUS: | Final |

DOCUMENT NUMBER: DX-07-114705
 ORDERED BY: Jan A Janson
 EXAM COMPLETED: 04/07/07 16:06

PROCEDURE: Abdomen/KUB

REASON FOR EXAM: --FOLLOW UP RE: SBO

DIAGNOSTIC INTERPRETATION:

Indication: As above

Comparison: CT of the abdomen and pelvis from 5 April 2007

Findings: A single AP view of the abdomen was performed. The NG tube tip is in the stomach. There is still bowel distention present involving the proximal small bowel. This appears mildly less distended than on the prior study. No gross free air is demonstrated. Surgical clips are present in the pelvis. The rest of the abdomen appears unremarkable.

IMPRESSION:

There are still obstructive change is present although the bowel distention is slightly less

Dictated by: Halista, M.D., Kevin D
 P.C.

Hampton Roads Radiology Associates,

Transcribed on: 07-APR-2007 16:12

Finalized on: 07-APR-2007 16:14

Finalized by: Kevin D. Halista, M.D.
 P.C.

Hampton Roads Radiology Associates,

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PATIENT: GEORGE F DELANEY

DOB: 360

SSN:

ID(s): PTMRN: 229139071

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|---------------|-------------------|-------------|--------------------------------|
| PATIENT NAME: | DELANEY, GEORGE F | ADMIT DATE: | 04/05/2007 11:30 PM |
| AGE: | 47y | FACILITY: | Sentara Virginia Beach General |
| GENDER: | M | LOCATION: | UNIT: DISCH |
| MRN: | | ATTENDING: | Gelpi, Juan R |

| | | | |
|--------------------|------------------------|-------------------|---------------------------------|
| DOCUMENT TYPE: | Consultation | DICTATED BY: | Janson, Jan A |
| SOURCE SYSTEM: | EDIX | DATE DICTATED: | 04/07/2007 12:37 PM |
| FACILITY: | Sentara Virginia Beach | DATE TRANSCRIBED: | 04/07/2007 02:23 PM |
| ACCOUNT NUMBER: | 4159657095 | SIGNED BY: | Janson, Jan A |
| EXTERN DOC NUMBER: | 200704071340840300 | STATUS: | Legally Authenticated with Edit |

CONSULTATION

REQUESTED PHYSICIAN: Juan R Gelpi, MD*

CONSULTING PHYSICIAN: Jan A Janson, MD**

LOCATION OF PATIENT:

Room: 0462 - Sentara Virginia Beach

DATE OF CONSULTATION:

April 7, 2007

GASTROENTEROLOGY CONSULTATION

CONSULTING PHYSICIAN:

Jan A. Janson, M.D.

REFERRING PHYSICIAN:

Juan R. Gelpi, M.D.

CHIEF COMPLAINT:

Abdominal pain and rectal pain.

HISTORY OF PRESENT ILLNESS:

This is a 47-year-old black male who has a history of ulcerative colitis and underwent a total proctocolectomy with an ileoanal pouch anastomosis in two stages in 1997 and 1998 by Dr. Sugarman in Richmond. He apparently had long-standing severe colitis. He has had problems with intermittent obstruction, has had admissions 5 or 6 times and has been treated conservatively each time. He has apparently had some pouch edema before, treated with steroids, suppositories, also intravenous steroids and has been on Flagyl in the past which makes me think that he has had pouchitis previously.

Five days ago he ate some potatoes and then developed problems with nausea, vomiting, abdominal distention and pain. His bowel movements stopped. He would usually move his bowels up to 10 times a day, formed stool, and then it came to nothing. He uses

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Metamucil three times a day on a regular basis to keep his stools formed. He continued to have abdominal pain and distention with nausea and vomiting and subsequently presented to admission here by Dr. Gelpi on 4/5/07.

CT scan of the abdomen was performed which does show small bowel obstruction. It appears to be an area in the pelvis. There also appears to be some region in the anal anastomosis with probable stricture. GI consultation is now requested.

FAST MEDICAL HISTORY:

He denies adult medical illnesses. He denies hypertension, heart disease, asthma, pneumonia, bronchitis, diabetes, liver or kidney disease. He has had tonsillectomy in 2006. He has had pins in his ankle from trauma.

MEDICATIONS:

Just Metamucil.

FAMILY HISTORY:

Family history notable for an aunt who has ulcerative colitis. There is no family history of colon cancer.

SOCIAL STATUS:

He smokes a pack a cigarettes a day, drinks up to six beers a day. He did use recreational drugs. He is now incarcerated since August of 2006 for some sort of driving infraction.

ALLERGIES:

PHENERGAN AND INAPSINE.

REVIEW OF SYSTEMS:

Please see hospital records.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Physical examination reveals a well-developed black man in no acute distress. He has a nasogastric tube in place.

VITAL SIGNS: Temperature 101.8, pulse 107, respiratory rate 16, blood pressure 127/71.

SKIN: Warm, dry and anicteric.

HEENT: Exam reveals lack of scleral icterus with moist and pink mucous membranes. Pupils are reactive to light, extraocular muscles are intact. Oropharynx is unremarkable Mallampati Class 1. He has a nasogastric tube in the left nares.

RESPIRATORY: Chest is clear without wheezing, rales or rhonchi.

CARDIOVASCULAR: Exam is regular without murmur, rub, or gallop.

GASTROINTESTINAL: The abdomen is distended, high pitched, with frequent bowel sounds consistent with obstruction. Tenderness in

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all four quadrants, slight rebound in the right lower quadrant.

RECTAL: Exam reveals very stenotic, edematous anus which only allowed passage of the small finger with the patient complaining about pain.

EXTREMITIES: Without clubbing, cyanosis or edema.

LABORATORY DATA:

White blood count on admission 6,600, hemoglobin 14.8, hematocrit 44.7, platelet count is 238,000, pro time 11.4, with PTT of 31, sodium 140, potassium 4.6, chloride 98, CO2 32, BUN 20, creatinine 1.1, glucose 104, AST 54, ALT 83, alkaline phosphatase 62, bilirubin 0.9, albumin is 4.8, amylase 60, lipase 17. Urinalysis: Occasional white cells, otherwise, negative.

CT scan as above, also notable for hemangioma of the liver.

IMPRESSION:

1. Abdominal pain with small bowel obstruction. I would agree with conservative therapy for approximately 72 hours and if no improvement I would consider surgery, consider a small bowel series first. Would check an abdominal x-ray today.
2. Question of pouchitis. The patient does have edema and pain at the ileoanal anastomosis. At this point would give hydrocortisone suppositories, give IV Solu-Medrol. Consider sigmoidoscopy.

SIGNED: Jan A Janson, MD**

JAJ:Spheris14032

D: 04/07/07 12:57 T: 04/07/07 14:23 DOCUMENT: 200704071340840300

Signed by Jan A Janson, MD 04/18/2007 05:12 PM

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PATIENT: GEORGE F DELANEY

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|---------------|-------------------|-------------|--------------------------------|
| PATIENT NAME: | DELANEY, GEORGE F | ADMIT DATE: | 04/05/2007 11:30 PM |
| AGE: | 47y | FACILITY: | Sentara Virginia Beach General |
| GENDER: | M | LOCATION: | UNIT: DISCH |
| MRN: | | ATTENDING: | Gelpi, Juan R |

| | | | |
|--------------------|------------------------|-------------------|-----------------------|
| DOCUMENT TYPE: | History and Physical | DICTATED BY: | Gelpi, Juan R |
| SOURCE SYSTEM: | EDIX | DATE DICTATED: | 04/06/2007 12:43 PM |
| FACILITY: | Sentara Virginia Beach | DATE TRANSCRIBED: | 04/06/2007 01:30 PM |
| ACCOUNT NUMBER: | 4159657095 | SIGNED BY: | Gelpi, Juan R |
| EXTERN DOC NUMBER: | 200704061340775900 | STATUS: | Legally Authenticated |

HISTORY AND PHYSICAL

LOCATION OF PATIENT:

Room: BAU2 - Sentara Virginia Beach

DATE OF ADMISSION:

April 5, 2007.

CHIEF COMPLAINT:

Abdominal pain times four days, increasing in nature with increasing abdominal distention, constipation.

HISTORY OF PRESENT ILLNESS:

Patient is a 47-year-old male who presents to Virginia Beach General Emergency Department with complaints of abdominal pain that began Monday. The pain has been increasing and he has noted increasing abdominal distention and constipation. Patient denies any flatus, denies any blood per rectum. Patient currently resides in jail. He is present with deputy. Patient is currently cuffed.

PAST MEDICAL HISTORY:

Patient's past medical history is significant for a total colectomy secondary to colitis with ileal pouch anal anastomosis. Patient has history of small bowel obstruction resolved with NG tube decompression.

PAST SURGICAL HISTORY:

Patient's past surgical history is as above.

FAMILY HISTORY:

Family history is significant for ulcerative colitis.

SOCIAL HISTORY:

Patient reports previous use of marijuana, cocaine, and alcohol; however, denies tobacco, alcohol, or illicit drug use while in jail.

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REVIEW OF SYSTEMS:

Review of systems negative except as per HPI.

PHYSICAL EXAMINATION:

GENERAL: On physical exam, patient is in no acute distress.

VITAL SIGNS: His temperature is 97.8, heart rate is 98, respiratory rate 18, and blood pressure is 134/68.

HEENT: Normocephalic, atraumatic. PERRLA. EOMI. There is no scleral icterus.

NECK: Supple with full range of motion. There is no JVD.

Trachea midline, no cervical lymphadenopathy and no thyromegaly.

LUNGS: Clear to auscultation bilaterally.

HEART: Regular rate and rhythm with no murmurs, rubs, or gallops.

ABDOMEN: Soft, distended, nontender. NG tube output has been approximately 500 mL since placement approximately 8 hours ago.

RECTAL: Not performed secondary to patient shackled to the bed.

EXTREMITIES: Without cyanosis, clubbing, or edema.

NEUROLOGICAL: Grossly intact. Patient is A and O times three with no focal motor or sensory deficits.

LABORATORY DATA:

Current laboratory evaluation includes WBC 5.1, H and H 14.5 and 47.5 and platelets 228. PT is 11.4, INR 1.15. APTT is 31.

Sodium 137, potassium 4.4, chloride 97, CO2 29, BUN 19.

creatinine 1.0, glucose 121, calcium 10.2. Total bilirubin 1.0.

AST is 47, ALT 84, alkaline-phosphatase 63. Amylase is 60.

lipase is 17. UA is negative.

CT of the abdomen and pelvis demonstrates a (heterodense?) lesion on the diaphragmatic surface of the liver that has peripheral enhancement demonstrating mild filling on delayed imaging, likely to be a hemangioma and other multiple cystic lesions in both lobes of the liver believe to represent simple cysts. Patient has findings of small bowel obstruction with two separate areas of stricture, first in the superior mid pelvis, second stricture in the distal GI tract at the anus with multiple surgical clips suggesting a stricture at the reanastomosis. He also has narrowing of the central canal at L4-5 with associated degenerative changes.

IMPRESSION:

Patient is a 47-year-old male who presents with small bowel obstruction status post total abdominal colectomy secondary to ulcerative colitis. Patient has noted changes at L4-5 with no associated clinical symptoms and is stable.

PLAN:

Plan is to continue NG tube decompression, bowel rest, IV fluid hydration and monitor for return of GI function.

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Dictated by: Carrie McGroarty, PA-C

SIGNED: Juan R Gelpi, MD*

JRG:Spheris16872
D: 04/06/07 12:43 T: 04/06/07 13:30 DOCUMENT: 200704061340775900

CC: Carrie McGroarty, PAC
Signed by Juan R Gelpi 04/08/2007 12:04 PM

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| GENDER: | M | LOCATION: | UNIT:DISCH |
| MRN: | | ATTENDING: | Gelpi, Juan R |

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|--------------------|------------------------|-------------------|--------------------------|
| DOCUMENT TYPE: | Radiology-CT | DICTATED BY: | Loladono, Andrew Patrick |
| SOURCE SYSTEM: | CERNER_MILL | DATE DICTATED: | 04/05/2007 11:11 PM |
| FACILITY: | Sentara Virginia Beach | DATE TRANSCRIBED: | 04/05/2007 11:11 PM |
| ACCOUNT NUMBER: | 4159657095 | SIGNED BY: | |
| EXTERN DOC NUMBER: | 90111802 | STATUS: | Final |

DOCUMENT NUMBER: CT-07-046296
ORDERED BY: Jeffrey P Smith
EXAM COMPLETED: 04/05/07 21:02

PROCEDURE: CT Abdomen/Pelvis w/ Contrast

REASON FOR EXAM: PAIN

DIAGNOSTIC INTERPRETATION:

CT ABDOMEN AND PELVIS

HISTORY: Pain

COMPARISON: None

Technique: Helically acquired C.T. scan of the abdomen and pelvis from the base of the lungs through the proximal femurs was performed with intravenous contrast. Delayed images through the kidneys were also provided. Oral contrast was also administered.

FINDINGS:

Lung bases: Bilateral dependant atelectasis is present. No consolidative opacities.

Hepatobiliary, Pancreas, Gallbladder \T\ Spleen: At the diaphragmatic surface of the hepatic segment four is a 2.28 center hypodense lesion with nodular peripheral enhancement demonstrating mild in filling on delayed imaging likely hemangioma. Multiple subcentimeter hypodense cystic lesions are present in both lobes of liver measuring up to 5 mm, too small to accurately characterize by CT criteria but, statistically represent simple cysts. The pancreas, spleen and gallbladder are otherwise unremarkable.

Genitourinary: The adrenal glands are unremarkable. The kidneys enhance symmetrically without evidence of obstruction. No hydronephrosis. The urinary bladder is fluid-filled and unremarkable.

Retroperitoneum \T\ peritoneum: No free fluid or pneumoperitoneum. The aortic unremarkable size, caliber and position. No abdominal or retroperitoneal lymphadenopathy.

Bowel: The patient is status post total colectomy with postoperative reanastomosis of the distal small bowel. The small bowel is markedly dilated with air-fluid levels present measuring up to 5.6 cm. There are two focal areas of narrowing in the distal small bowel. The first is in the mid pelvis image 55-56, series 2) just proximal to the postsurgical distal small bowel

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pouch. It is unclear whether this is a segment just proximal to the postsurgical pouch or involving a proximal segment. The second area of narrowing is at the anastomosis with the anus (image 84, series 2). The proximal small bowel pouch is distended containing an air-fluid level. Osseous \T\ Soft tissues: Mild to moderate degenerative changes of the lower lumbar axial skeleton most notable at L4-5 with severe stenosis of the central canal measuring 9 mm (image 56, series 2).

IMPRESSION:

1. Findings of small bowel obstruction with two separate areas of stricture. The first is in the superior mid pelvis. A second stricture is present distally at the anus with multiple surgical clips suggesting reanastomosis with the anus, and may represent a anastomotic stricture.
2. Status post total colectomy with reanastomosis of the small bowel suspected to the anus.
3. Severe narrowing of the central canal at L4-5 with associated degenerative changes. Further evaluation with MRI is recommended if clinically warranted.
4. Likely Hepatic hemangioma.

Dictated by: Loiacono, M.D., Andrew P
P.C.

Hampton Roads Radiology Associates,

Transcribed on: 05-APR-2007 22:47

Finalized on: 05-APR-2007 23:11

Finalized by: Andrew P. Loiacono, M.D.
P.C.

Hampton Roads Radiology Associates,

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Summary View

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PATIENT: GEORGE F DELANEY
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SSN: [REDACTED]
ID(s): PTMRN: 229139071

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| TEST NAME | 04/09/07 01:05AM | 04/07/07 06:30AM | 04/07/07 04:30AM | 04/05/07 08:20PM | 04/05/07 08:15PM | 04/05/07 02:26PM |
|---------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| General Chemistry | | | | | | |
| GLUC | 139 H | | | 121 H | | 104 H |
| BUN | 24 H | | | 19 | | 20 |
| CREAT | 0.9 | | | 1.0 | | 1.1 |
| NA | 139 | | | 137 | | 140 |
| K | 4.7 | | | 4.4 | | 4.6 |
| CL | 101 | | | 97 L | | 98 |
| CO2 | 32 H | | | 29 | | 32 H |
| CALCIUM | 8.8 | | | 10.2 | | 9.7 |
| SGOT | 15 | | | 46 H | | 54 H |
| SGPT | 25 | | | 84 H | | 83 H |
| ALK PHOS | 62 | | | 63 | | 62 |
| AMY | | | | 60 | | |
| BILI T | 0.2 | | | 1.0 | | 0.9 |
| ALB | 3.7 | | | 4.8 | | 4.8 |
| TOT PR | 7.0 | | | 8.9 H | | 8.2 |
| GLOBULIN | 3.3 | | | 4.1 H | | 3.4 |
| A/G RAT | 1.1 | | | 1.2 | | 1.4 |
| ANION GAP | 6.0 | | | 11.0 | | 10.8 |
| General Hematology | | | | | | |
| WBC | 7.8 | | 5.4 | 5.1 | | 6.6 |
| RBC | 4.64 | | 5.57 | 5.93 | | 5.22 |
| HGB | 13.2 | | 15.5 | 15.4 | | 14.8 |
| HCT | 39.7 | | 48.8 | 47.5 | | 44.7 |
| MCV | 86 | | 88 | 86 | | 86 |
| MCH | 28 | | 28 | 28 | | 28 |
| MCHC | 33 | | 32 | 33 | | 33 |
| RDW | 14.0 | | 15.3 | 14.3 | | 14.8 |
| PLT | 219 | | 229 | 228 | | 238 |
| MPV | 7.7 | | 8.2 | 7.6 | | 7.5 |
| SED RATE | 55 H | | | | | |
| SEGS | | | | 70 | | 72 |
| LYMPHS | | | | 11 L | | 13 L |
| MONOS | | | | 18 H | | 14 H |
| EOS | | | | 0 | | 1 |
| BASO | | | | 1 | | 1 |
| Urine Studies | | | | | | |
| SOURCE | 04/09/07 01:05AM | 04/07/07 06:30AM | 04/07/07 04:30AM | 04/05/07 08:20PM | 04/05/07 08:15PM | 04/05/07 02:26PM |
| | | CL CATCH | | | CL CATCH | |
| Urinalysis | | | | | | |

This information is confidential. Any unauthorized use or disclosure is prohibited by law, and may be subject to disciplinary action and/or prosecution.

08/23/2007 12:03
Summary View

7573958785

RELEASE OF INFORMATION

PAGE 17/19
Page 2 of 2

Sentara Healthcare - Confidential Information
 PATIENT: GEORGE F DELANEY
 DOB: 11/04/44
 SSN:
 ID(s): PTMRN: 229139071

| | | | | | | |
|------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| SOURCE | | CL CATCH | | | CL CATCH | |
| SOURCE | | | | | | |
| PH | | 5.5 | | | 5.5 | |
| SPECIFIC GRAVITY | | ≥1.030 * | | | ≥1.030 * | |
| PROTEIN | | ≥300 * | | | 30 * | |
| GLUCOSE | | NEG | | | NEG | |
| KETONES | | TRACE * | | | 15 * | |
| BILE | | NEG | | | NEG | |
| OCCULT BLD | | SMALL * | | | NEG | |
| NITRATE | | POS * | | | NEG | |
| ULEUKE | | NEG | | | NEG | |
| UROBILINOG | | 0.2 | | | 0.2 | |
| ICTOTEST | | NEGATIVE | | | NEGATIVE | |
| U WBC | | RARE | | | OCCASNL * | |
| U RBC | | RARE | | | NEGATIVE | |
| HY CAST | | NEGATIVE | | | NEGATIVE | |
| UFGRANC | | 0-5 | | | | |
| UBACTERIA | | FEW | | | | |
| CA OX CRY | | PRESENT | | | | |
| Blood Cultures | 04/09/07 01:05AM | 04/07/07 06:30AM | 04/07/07 04:30AM | 04/05/07 08:20PM | 04/05/07 09:15PM | 04/05/07 02:26PM |
| C BLOOD RO | | | See Report | | | |
| Special Enzymes | | | | | | |
| LIPASE | | | | 17 | | |
| Coagulation | | | | | | |
| PT | | | | 11.4 | | |
| INR | | | | 1.15 | | |
| APTT | | | | 31 | | |

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<< < 1 > >>

08/23/2007 12:03 7573958785

RELEASE OF INFORMATION

PAGE 18/19
Page 1 of 1

Sentara Healthcare - Confidential Information

PATIENT: GEORGE F DELANEY

DOB: /1960

SSN:

ID(s): PTMRN: 229139071

| | | |
|--------------------|---------------|---------------------------------------|
| DOCUMENT TYPE: | Microbiology | DICTATED BY: |
| SOURCE SYSTEM: | CERNER LABS | |
| FACILITY: | Sentara | OBSERVATION DATE: 04/07/2007 04:30 AM |
| ACCOUNT NUMBER: | 4159657093 | SIGNED BY: |
| EXTERN DOC NUMBER: | 0000709701757 | STATUS: Final |

ROUTINE BLOOD CULTURE

Updated: 04/13/07 0901

LAB ACC#: 07-097-01757 Source: BLOOD

FreeText Source

--FINAL REPORT--

NO GROWTH AFTER 5 DAYS

This information is confidential. Any unauthorized use or disclosure is prohibited by law, and may be subject to disciplinary action and/or prosecution.

08/23/2007 12:03 7573958785

RELEASE OF INFORMATION

PAGE 19/19

08-Jul-2006 04:47:19

DELANEY, GEORGE
Male

Race: White

Dept: Cardiac Diagnostic Center
Room: 227
Oper: MAC

PERITONSILLAR AS

Rate 48 Sinus bradycardia, rate 48

RR 1250
PR 190
QRSD 83
QT 372
QTc 333-- AXIS --
P 59
QRS 74
T 51

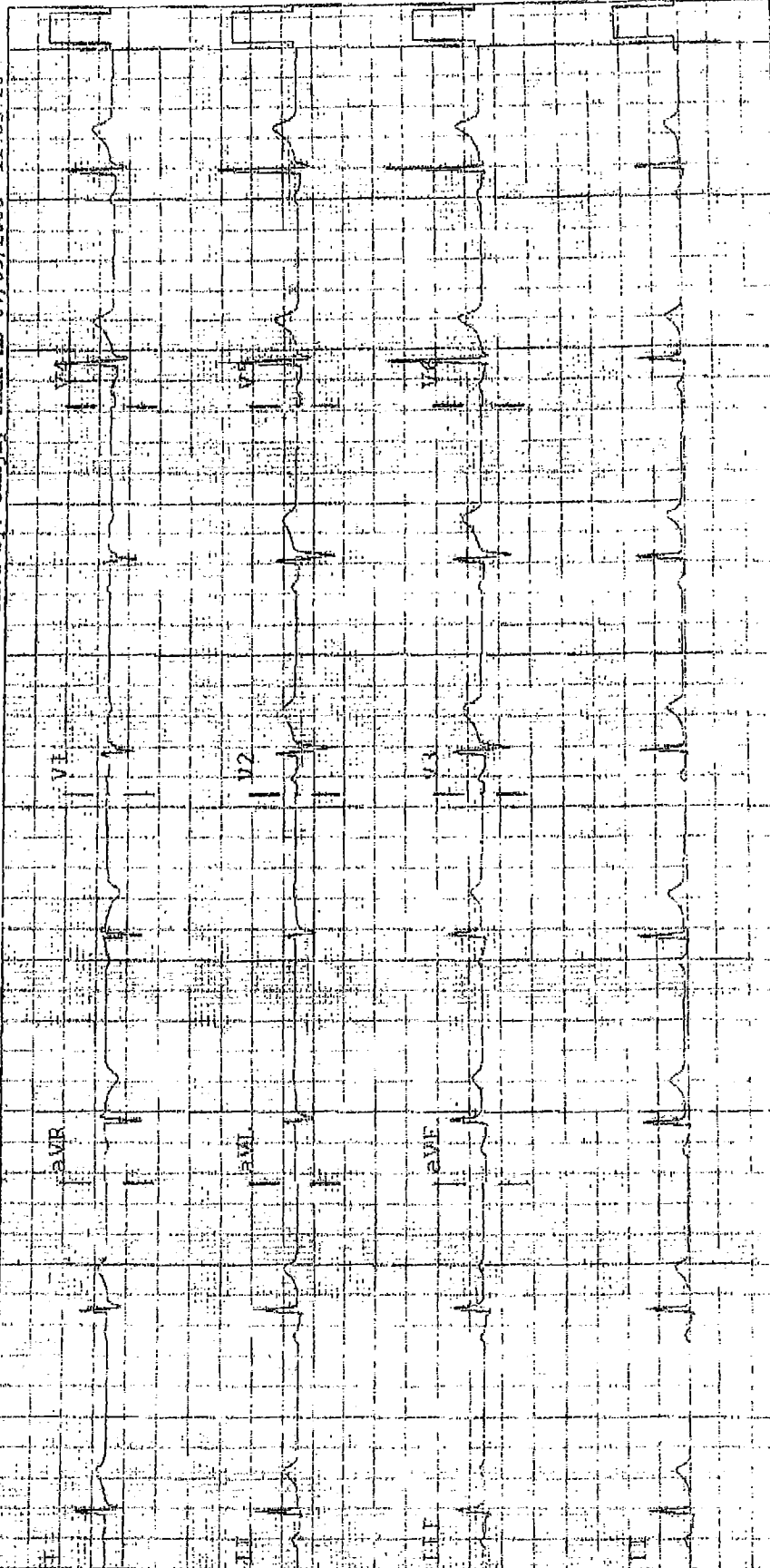
- BORDERLINE ECG -

Standard 12

Requested By: DR. HOLLADAY

Confirmed by: Sanjay Shah MD 07/09/2006 11:03:26

Sentara Healthcare - SEH (1-03-01)



PH0708 P?

F 60- 0.5-40 Hz W

Chest: 10 mm/mV

Limb: 10 mm/mV

Speed: 25 mm/sec

Device:

[00217]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298
CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Discharge Summary: Interfaced
Date: 20 March 2003 20:04
Status: Transcribed
Subject: DISCHARGE SUMMARY
Encounter Info: 770005993009, VCUHS, Discharged, 2/25/2003 - 2/28/2003

* Preliminary Report *

DISCHARGE SUMMARY

DELANEY, GEORGE L MR#: 6185429
DISCHARGE SUMMARY FIN#: 00035
ADMITTED: 022503
PRINCIPAL DIAGNOSIS: CONSTIPATION.

SECONDARY DIAGNOSIS: ULCERATIVE COLITIS, STATUS POST BOWEL RESECTION.

HISTORY OF PRESENT ILLNESS: MR. DELANEY IS A 46-YEAR-OLD MALE TRANSFERRED FROM AN OUTSIDE HOSPITAL WITH COMPLAINTS OF ABDOMINAL PAIN. FILMS OBTAINED AT THE OUTSIDE HOSPITAL SHOWED AIR-FILLED LOOPS OF SMALL BOWEL CONSISTENT WITH A SMALL BOWEL OBSTRUCTION. THE PATIENT WAS RECENTLY ADMITTED TO MCV FOR SMALL BOWEL OBSTRUCTION AND WAS DISCHARGED ON JANUARY 25, 2003, AND WAS MANAGED CONSERVATIVELY AT THAT TIME. ON PRESENTATION, THE PATIENT REPORTS INTERMITTENT CRAMPINESS, SHARP ABDOMINAL PAIN IN THE RIGHT AND LEFT LOWER QUADRANTS. HE REPORTS HIS LAST BOWEL MOVEMENT THREE HOURS PRIOR TO PRESENTATION AND HE IS CONTINUING TO PASS FLATUS. HE REPORTS THAT SINCE AUGUST, HE HAS HAD BOWEL MOVEMENTS THAT CONTAIN UNDIGESTED FOOD PARTICLES. ON PREVIOUS ADMISSION, THE PATIENT REPORTS A STRICTURE WAS FOUND AT HIS BOWEL ANASTOMOSIS. THE PATIENT DENIES FEVER OR CHILLS.

PAST MEDICAL HISTORY: SIGNIFICANT FOR ULCERATIVE COLITIS, STATUS POST COLECTOMY IN 1997 WITH AN ILEOSTOMY TAKE-DOWN AND ILEOANAL POUCH IN 1998. ALSO A RIGHT INGUINAL HERNIA REPAIR.

CURRENT MEDICATIONS: THE PATIENT NORMALLY TAKES METAMUCIL, PHENERGAN, AND ANUSOL.

ALLERGIES: PHENERGAN.

PHYSICAL EXAMINATION: THE PATIENT IS AFEBRILE WITH NORMAL BLOOD PRESSURE, PULSE, AND RESPIRATIONS. HE HAS A NASOGASTRIC TUBE IN PLACE WHICH IS DRAINING CLEAR FLUID. HEAD AND NECK EXAMINATION IS NORMAL AND LUNGS ARE CLEAR BILATERALLY. HEART IS REGULAR WITH NO MURMURS. THE ABDOMEN IS SLIGHTLY DISTENDED WITH A MIDLINE WELL-HEALED SCAR AND A VENTRAL FASCIAL DEFECT IS PALPABLE. BOWEL SOUNDS ARE PRESENT ALTHOUGH DIMINISHED. THE ABDOMEN IS SOFT, MINIMALLY TENDER, NO REBOUND. THERE ARE NO INGUINAL HERNIAS AND NO

Printed by: Hammel, James R
Printed on: 8/29/2007 10:22

2W
8-11-07

Page 1 of 2
(Continued)

[00218]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

GPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

STOOL IN THE VAULT.

LABORATORY DATA: INITIAL LABORATORY STUDIES REVEALED A WHITE COUNT OF 7.5, HEMOGLOBIN 12.5, PLATELETS 229. URINALYSIS WAS NEGATIVE. BMP WAS DONE WHICH WAS WITHIN NORMAL LIMITS AS WAS LIVER FUNCTION TESTS. AN ABDOMINAL ACUTE SERIES WAS OBTAINED WHICH REVEALED DILATED LOOPS OF SMALL BOWEL WHICH SEEM DIMINISHED FROM THE IMAGERY OBTAINED AT THE OUTSIDE HOSPITAL.

HOSPITAL COURSE: THE PATIENT WAS ADMITTED TO GENERAL SURGERY FOR CONSERVATIVE MANAGEMENT WHICH CONSISTED OF N.P.O., IV FLUIDS, FOLLOW UP ACUTE SERIES, AND SERIAL ABDOMINAL EXAMINATIONS.

THE PATIENT DID QUITE WELL WITH CONSERVATIVE MANAGEMENT. HE CONTINUED TO PASS FLATUS AND HIS EXAMINATION WAS LARGELY UNCHANGED DURING HIS HOSPITAL STAY.

ON HOSPITAL DAY #2, THE PATIENT WAS PROGRESSSED TO SIPS OF CLEAR WHICH WERE TOLERATED WELL AND THEN HE WAS BEGUN ON A GENERAL DIET. THE N-G TUBE WAS REMOVED AND THE PATIENT TOLERATED HIS GENERAL DIET WELL. DURING THE HOSPITAL COURSE, THE PATIENT REMAINED AFEBRILE WITH NORMAL VITAL SIGNS; HOWEVER, HE CONTINUED TO HAVE SOME VAGUE LOWER ABDOMINAL PAIN WHICH SEEMED TO BE RELIEVED WITH USE OF ADEQUATE BOWEL REGIMEN.

CONDITION ON DISCHARGE: IMPROVED AND STABLE.

DISCHARGE INSTRUCTIONS: 1. FOLLOW UP IN SURGERY CLINIC IN THREE WEEKS. 2. DIET RESTRICTIONS (TO EXCLUDE BEEF, CHEESE, CARROTS, CORN, RED BEANS, TURKEY, POTATO SKINS, STEAMED VEGETABLES, GREEN PEPPERS, OR ONIONS). 3. THE PATIENT WAS TO CONTINUE ON AN ADEQUATE BOWEL REGIMEN AND SEEK MEDICAL ATTENTION AT HIS INSTITUTION FOR ANY RETURN OR EXACERBATION OF SYMPTOMS.

DD: 03/17/2003
DT: 03/18/2003
TL822/JOB: 1342
RD: 03/19/2003

LAST PAGE

DELANEY, GEORGE L

DISCHARGE SUMMARY

THIS DATA WAS EXTRACTED FROM THE MIS SYSTEM ON 05/10/04 AT 09:09 AM.

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Discharge Summary: Interfaced
Date: 20 March 2003 19:45
Status: Transcribed
Subject: DISCHARGE SUMMARY
Encounter Info: 770005993009, VCUHS, Discharged, 2/25/2003 - 2/28/2003

* Preliminary Report *

DISCHARGE SUMMARY

DELANEY, GEORGE L MR#: 6185429
DISCHARGE SUMMARY FIN#: 00035
ADMITTED: 022503
PRINCIPAL DIAGNOSIS: CONSTIPATION.

SECONDARY DIAGNOSIS: ULCERATIVE COLITIS, STATUS POST BOWEL RESECTION.

HISTORY OF PRESENT ILLNESS: MR. DELANEY IS A 46-YEAR-OLD MALE TRANSFERRED FROM AN OUTSIDE HOSPITAL WITH COMPLAINTS OF ABDOMINAL PAIN. FILMS OBTAINED AT THE OUTSIDE HOSPITAL SHOWED AIR-FILLED LOOPS OF SMALL BOWEL CONSISTENT WITH A SMALL BOWEL OBSTRUCTION. THE PATIENT WAS RECENTLY ADMITTED TO MCV FOR SMALL BOWEL OBSTRUCTION AND WAS DISCHARGED ON JANUARY 25, 2003, AND WAS MANAGED CONSERVATIVELY AT THAT TIME. ON PRESENTATION, THE PATIENT REPORTS INTERMITTENT CRAMPINESS, SHARP ABDOMINAL PAIN IN THE RIGHT AND LEFT LOWER QUADRANTS. HE REPORTS HIS LAST BOWEL MOVEMENT THREE HOURS PRIOR TO PRESENTATION AND HE IS CONTINUING TO PASS FLATUS. HE REPORTS THAT SINCE AUGUST, HE HAS HAD BOWEL MOVEMENTS THAT CONTAIN UNDIGESTED FOOD PARTICLES. ON PREVIOUS ADMISSION, THE PATIENT REPORTS A STRICTURE WAS FOUND AT HIS BOWEL ANASTOMOSIS. THE PATIENT DENIES FEVER OR CHILLS.

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CURRENT MEDICATIONS: THE PATIENT NORMALLY TAKES METAMUCIL, PHENERGAN, AND ANUSOL.

ALLERGIES: PHENERGAN.

PHYSICAL EXAMINATION: THE PATIENT IS AFEBRILE WITH NORMAL BLOOD PRESSURE, PULSE, AND RESPIRATIONS. HE HAS A NASOGASTRIC TUBE IN PLACE WHICH IS DRAINING CLEAR FLUID. HEAD AND NECK EXAMINATION IS NORMAL AND LUNGS ARE CLEAR BILATERALLY. HEART IS REGULAR WITH NO MURMURS. THE ABDOMEN IS SLIGHTLY DISTENDED WITH A MIDLINE WELL-HEALED SCAR AND A VENTRAL FASCIAL DEFECT IS PALPABLE. BOWEL SOUNDS ARE PRESENT ALTHOUGH DIMINISHED. THE ABDOMEN IS SOFT, MINIMALLY TENDER, NO REBOUND. THERE ARE NO INGUINAL HERNIAS AND NO

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

STOOL IN THE VAULT.

LABORATORY DATA: INITIAL LABORATORY STUDIES REVEALED A WHITE COUNT OF 7.5, HEMOGLOBIN 12.5, PLATELETS 229. URINALYSIS WAS NEGATIVE. BMP WAS DONE WHICH WAS WITHIN NORMAL LIMITS AS WAS LIVER FUNCTION TESTS. AN ABDOMINAL ACUTE SERIES WAS OBTAINED WHICH REVEALED DILATED LOOPS OF SMALL BOWEL WHICH SEEM DIMINISHED FROM THE IMAGERY OBTAINED AT THE OUTSIDE HOSPITAL.

HOSPITAL COURSE: THE PATIENT WAS ADMITTED TO GENERAL SURGERY FOR CONSERVATIVE MANAGEMENT WHICH CONSISTED OF N.P.O., IV FLUIDS, FOLLOW UP ACUTE SERIES, AND SERIAL ABDOMINAL EXAMINATIONS.

THE PATIENT DID QUITE WELL WITH CONSERVATIVE MANAGEMENT. HE CONTINUED TO PASS STOLTS AND HIS EXAMINATION WAS LARGELY UNCHANGED DURING HIS HOSPITAL STAY.

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CONDITION ON DISCHARGE: IMPROVED AND STABLE.

DISCHARGE INSTRUCTIONS: 1. FOLLOW UP IN SURGERY CLINIC IN THREE WEEKS. 2. DIET RESTRICTIONS (TO EXCLUDE BEEF, CHEESE, CARROTS, CORN, RED BEANS, TURKEY, POTATO SKINS, STEAMED VEGETABLES, GREEN PEPPERS, OR ONIONS). 3. THE PATIENT WAS TO CONTINUE ON AN ADEQUATE BOWEL REGIMEN AND SEEK MEDICAL ATTENTION AT HIS INSTITUTION FOR ANY RETURN OR EXACERBATION OF SYMPTOMS.

DD: 03/17/2003
DT: 03/18/2003
TL822/JOB: 1342
RD: / /

LAST PAGE

DELANEY, GEORGE L

DISCHARGE SUMMARY

THIS DATA WAS EXTRACTED FROM THE MIS SYSTEM ON 05/10/04 AT 09:09 AM.

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Discharge Summary: Interfaced
Date: 04 February 2003 15:38
Status: Transcribed
Subject: DISCHARGE SUMMARY
Encounter Info: 770005911019, VCUHS, Discharged, 1/16/2003 - 1/25/2003

* Preliminary Report *

DISCHARGE SUMMARY

DELANEY, GEORGE L MR#: 6185429
DISCHARGE SUMMARY FIN#: 00034
ADMITTED: 011603
INDICATION FOR ADMISSION: SMALL BOWEL OBSTRUCTION.

ADMISSION HISTORY AND PHYSICAL: MR. GEORGE DELANEY IS A 43-YEAR-OLD AFRICAN-AMERICAN MALE WITH A HISTORY OF ULCERATIVE COLITIS, STATUS POST COLECTOMY WITH ILEOSTOMY AND CONVERSION TO ILEOANAL ANASTOMOSIS IN 1998. PATIENT PRESENTS WITH APPROXIMATE 10 DAY HISTORY OF ABDOMINAL PAIN AND NAUSEA. LAST BOWEL MOVEMENT WAS THE MORNING OF ADMISSION, WITH WATERY DIARRHEA. NO BLOOD PER RECTUM BUT COMPLAINED OF TENESMUS FOR SEVERAL WEEKS. DENIES WEIGHT LOSS. A SMALL AMOUNT OF EMESIS ON DAY OF ADMISSION. PAST HISTORY OF COLECTOMY WITH STOMA CONVERTED TO ILEOANAL. MEDS INCLUDE METAMUCIL AND ANUSOL P.R.N.

EXAM: PATIENT APPEARS NONTOXIC. NG TUBE IN PLACE WITH LOW VOLUME OF DRAINAGE. PATIENT IS AFEBRILE. VITAL SIGNS STABLE. MUCOUS MEMBRANES ARE MOIST. SCLERA ANICTERIC. CHEST IS CLEAR BILATERALLY. CARDIOVASCULAR EXAM - NO MURMURS, RUBS OR GALLOPS. THERE IS A REGULAR RATE AND RHYTHM. ABDOMEN WITH MILD TENDERNESS DIFFUSELY. NORMAL BOWEL SOUNDS, NO INVOLUNTARY GUARDING. RECTAL EXAM WAS VERY TENDER, NO GROSS BLOOD. ZERO PERIPHERAL EDEMA.

LABS ON ADMISSION: WHITE COUNT 7.0, HEMOGLOBIN TO 14, PLATELETS 231.

HOSPITAL COURSE: MR. GEORGE DELANEY WAS ADMITTED TO GENERAL SURGERY ON 1/16/2003 FOR A SMALL BOWEL OBSTRUCTION. BEGUN ON IV FLUIDS. AN NG TUBE WAS PLACED AND PATIENT WAS ALSO BEGUN ON IV FLAGYL 500 MG Q.6H. PATIENT PLACED ON BOWEL REST AND MONITORED. PATIENT RECEIVED A KUB WHICH SHOWED DILATED LOOPS OF BOWEL. PATIENT WAS CONTINUED TO BE MANAGED CONSERVATIVELY WITH ZERO ABDOMINAL EXAMS. PATIENT HAD A RECTAL TUBE PLACED FOR DECOMPRESSION OF HIS INTESTINES. PATIENT'S PAIN WAS MANAGED WITH DILAUDID. PATIENT ALSO BEGUN ON LOVENOX FOR DVT PROPHYLAXIS. PATIENT HAD UPPER GI WITH SMALL BOWEL FOLLOW-THROUGH ON THE 1/24/2003 WHICH WAS READ AS NORMAL. PATIENT HAD BOWEL MOVEMENT AFTER PROCEDURE. PATIENT WAS TOLERATED GENERAL DIET. PAIN WAS WELL-CONTROLLED AND RECTAL TUBE HAD BEEN DC'D PRIOR TO DISCHARGE. PATIENT WAS DISCHARGED TO HANESVILLE CORRECTIONAL FACILITY IN IMPROVED AND STABLE CONDITION. PATIENT WAS STARTED ON

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298
CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

PSYLLIUM HYDROPHILIC MUCILLOID ONE TABLESPOON BY MOUTH TWICE A DAY.
PATIENT WAS TO MAKE APPOINTMENT IN TWO WEEKS WITH GENERAL SURGERY
CLINIC AT 828-0368. PATIENT WAS TO MAKE APPOINTMENT SOONER IF PAIN
RETURNED.

DD: 02/01/2003
DT: 02/01/2003
TL829/JOB: 0327
RD: 02/04/2003

LAST PAGE

DELANEY, GEORGE L

DISCHARGE SUMMARY

THIS DATA WAS EXTRACTED FROM THE MIS SYSTEM ON 05/10/04 AT 09:09 AM.

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Discharge Summary: Interfaced
Date: 04 February 2003 15:38
Status: Transcribed
Subject: DISCHARGE SUMMARY
Encounter Info: 770005911019, VCUHS, Discharged, 1/16/2003 - 1/25/2003

* Preliminary Report *

DISCHARGE SUMMARY

DELANEY, GEORGE L MR#: 6185429
DISCHARGE SUMMARY FIN#: 00034
ADMITTED: 011603
INDICATION FOR ADMISSION: SMALL BOWEL OBSTRUCTION.

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VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPRDD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

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DD: 02/01/2003
DT: 02/01/2003
TL829/JOB: 0327
RD: / /

LAST PAGE

DELANEY, GEORGE L

DISCHARGE SUMMARY

THIS DATA WAS EXTRACTED FROM THE MIS SYSTEM ON 05/10/04 AT 09:09 AM.